

Bureau of Elder and Adult Services

Maine Department of Human Services



State Plan on Aging

October 1, 2000 – September 30, 2004

Angus S. King, Jr.
Governor

Kevin W. Concannon
Commissioner
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The Bureau of Elder and Adult Service's
State Plan is available on the Internet

Point to:

[Http://www.state.me.us/dhs/beas/](http://www.state.me.us/dhs/beas/)

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Verification of Intent

The State Plan on Aging is hereby submitted for the State of Maine for the period October 1, 2000 through September 30, 2004. It includes the strategic goals, objectives and initiatives to be conducted by the Bureau of Elder and Adult Services, Maine's State Unit on Aging, during this period. The Bureau of Elder and Adult Services has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act. The Bureau of Elder and Adult Services is primarily responsible for the coordination of all state activities related to purposes of the Act, such as the development of comprehensive and coordinated systems for the delivery of supportive services, including health, housing, social and nutrition services; and to serve as the advocate for elderly persons in the state.

The Plan is hereby approved by the Governor and constitutes authorization to proceed with the activities under the Plan upon approval by the Assistant Secretary for Aging.

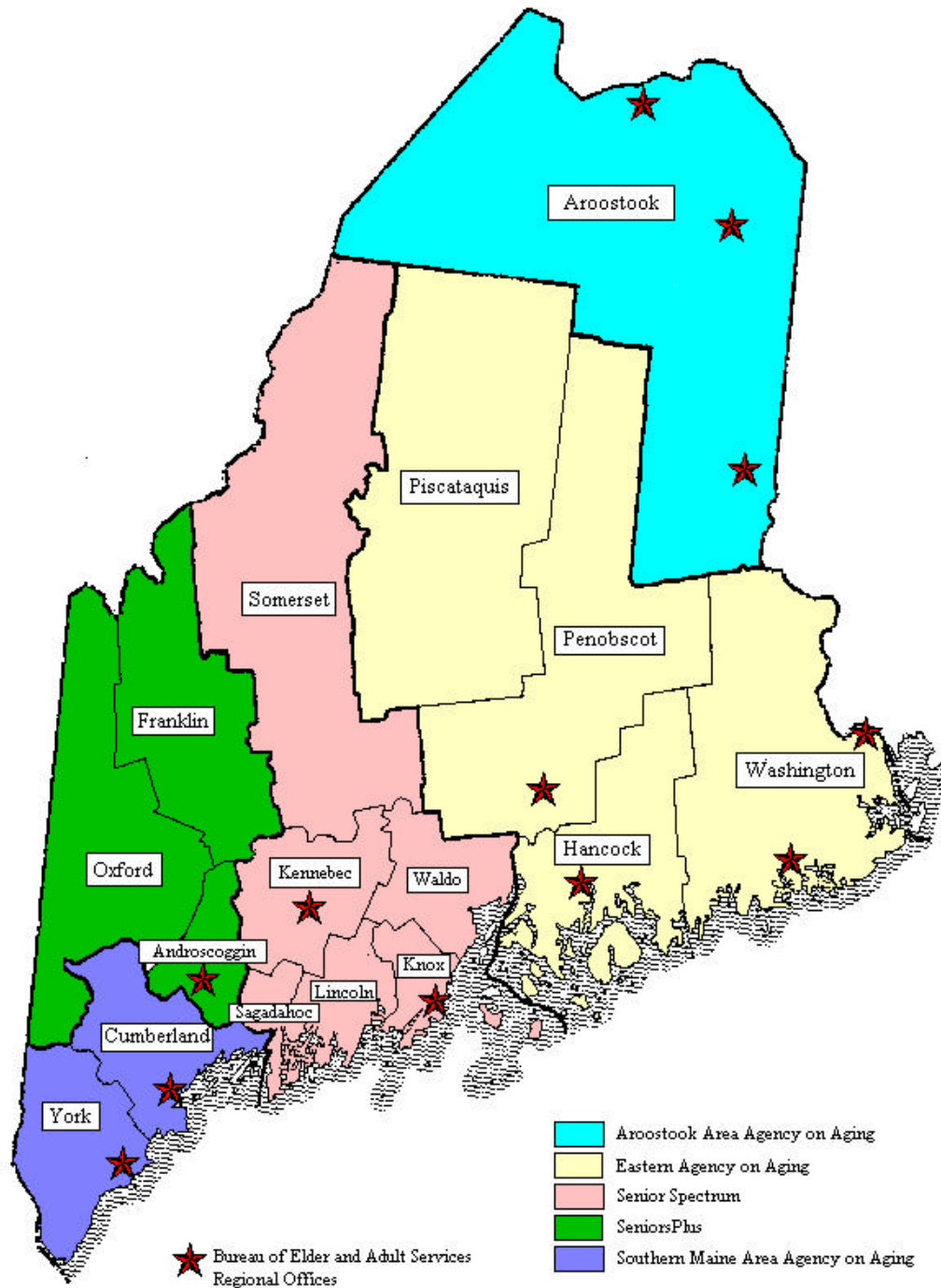
The State Plan hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements. The State Agency assures that it will comply with the specific program and administrative provisions of the Older Americans Act.

_____	(Signed)_____
(Date)	Christine Gianopoulos, Director Bureau of Elder and Adult Services

_____	(Signed)_____
(Date)	Kevin W. Concannon, Commissioner Department of Human Services

_____	(Signed)_____
(Date)	Angus S. King, Jr. Governor

Map Showing Area Agency on Aging Planning and Service Areas



Introduction

The federal Older Americans Act requires all states to prepare a “State Plan on Aging” as a condition of receiving federal funds. The Bureau of Elder and Adult Services (BEAS) is pleased to present for public review our plan for the next four years.

The Bureau’s strategic goal is to assist elders and adults with disabilities to maintain their independence and to participate in the life of the community. Twenty years ago that goal meant advocating for an end to the mandatory retirement age; the establishment of home care as an alternative to nursing homes; and legislation to allow living wills. These all are benefits we take for granted today as part of Maine’s social policy. In the year 2000, the broad themes remain the same: health care, housing and income security. Now, those issues affect a larger and more diverse population of older adults.

At a time when events are moving at an ever more rapid pace, any plan will be subject to change. The longer the planning time frame, the more likely that unanticipated issues will enter the picture. This plan is intended to offer a broad outline of the Bureau’s areas of focus for the next four years. Our challenge is to capture not just the issues of today, but also the longer-term opportunities. Reducing the impact of disease and disability among Maine’s seniors, improved mental health services, better transportation options, and promoting public policies that meet the needs of a new and larger cohort of elders will be our highest priorities. We will work with others in Maine’s network of aging services programs to accomplish these goals.

Maine is fortunate to have a well-developed statewide system for planning and providing needed services. Listed below are the major accomplishments for the most recent state plan. These accomplishments would not have been possible without dedicated staff and strong support from advocacy groups, the Governor and the Legislature:

- ✓ More people receive publicly funded long-term care at home than in nursing homes
- ✓ Spending on home and community care has doubled since 1995
- ✓ Maine’s pre-admission assessment program is considered a national model
- ✓ Residential alternatives to nursing homes have increased statewide

- ✓ Ombudsman volunteers now assigned to all Maine nursing homes and many residential facilities
- ✓ Law enforcement and financial institutions are active partners in preventing elder abuse and exploitation. Over 50 financial institutions have participated in training for the Maine Reporting Project for Financial Institutions
- ✓ A higher percentage of adult protective referrals are assigned for investigation
- ✓ “Guardianship and Conservatorship Q& A” booklets revised and distributed statewide
- ✓ Maine’s Medicare Education Partnership, collaboration among the Bureau, Area Agencies on Aging and Legal Services for the Elderly, effectively delivers critical health insurance information and assistance to more than 30,000 seniors each year
- ✓ With HCFA, held a successful health fair in Bangor, Maine, that reached over 400 Medicare beneficiaries
- ✓ Issued a report to the Legislature on the mental health needs of Maine seniors
- ✓ Hot, home delivered meals are available in more communities than ever before using a combination of increased local and State funding
- ✓ Established a statewide program, in conjunction with the USDA, to place a diet technician in each Area Agency on Aging to help elders at high nutritional risk make good nutritional choices
- ✓ A portion of Maine’s Tobacco Settlement funds used to expand the range of drugs covered under the Low Cost Drugs for the Elderly and Disabled program
- ✓ MaineRX, a group purchasing program that will benefit seniors who do not qualify for the Low Cost Drug program
- ✓ “Prescription Drug Assistance, A Guide for Maine Elders and Adults with Disabilities,” developed by the Bureau and Legal Services for the Elderly Hotline project
- ✓ Completed a telephone reception customer service assessment of Bureau, Area Agencies on Aging and Legal Services for the Elderly Hotline offices
- ✓ Significantly increased the use of technology to provide information and assistance to the public

Snapshot of Services and Demographics

Bureau Program Report Comparison

	FY 98	FY 99	FY 00
Long-Term Care Assessments	12,500	19,340	22,624
Consumers Served			
Home Based Care	1,772	2,566	3,045
Medicaid Waiver (Elderly)	1,204	1,451	1,302
Adults w/Disability Waiver	325	403	426
Private Duty Nursing	NA	1,131	1,340
Congregate Housing Services Program	199	272	272
Assisted Living CHSP	72	111	145
Adult Family Care Homes, Medicaid Consumers	NA	34	60
Adult Day Services Programs Community Support Funds	112	129	82
Alpha One - Home Based Care	145	220	219
Alpha One - Medicaid Waiver	287	348	339
Homemaker Services	1,077	1,500	1,301
Alzheimer's Respite	550	743	437

Community Services

	Consumers Served		
People served hot meals, both congregate and home-delivered	15,557	12,147	14,087
Older workers served through SCSEP	110	89	88
Volunteer service programs	NA	NA	3,491
Health Insurance Counseling; Outreach & I/A; MMEP	25,144	33,338	25,507
Transportation	597	1,694	2,158

Adult Protective Services

	Consumers Served		
Active Guardianship	640	795	792
APS Intake Unit telephone calls from concerned citizens	8,769	9,656	9,998
Active Protective	2,504	2,917	2,797

Bureau Program Report Comparison -- Continued**FY 98 FY 99 FY 00****Long Term Care Facilities****Activities Completed**

Nursing facility beds converted to residential care	NA	358	203
Other new residential care beds developed	NA	460	65
Assisted Living Units developed, Type III and IV CHSP	NA	40 pending	40
Adult Family Care Home beds developed	NA	30	36
Alzheimer's beds developed	66	52	16
Certificates of Need decisions on nursing facility projects	NA	8	5

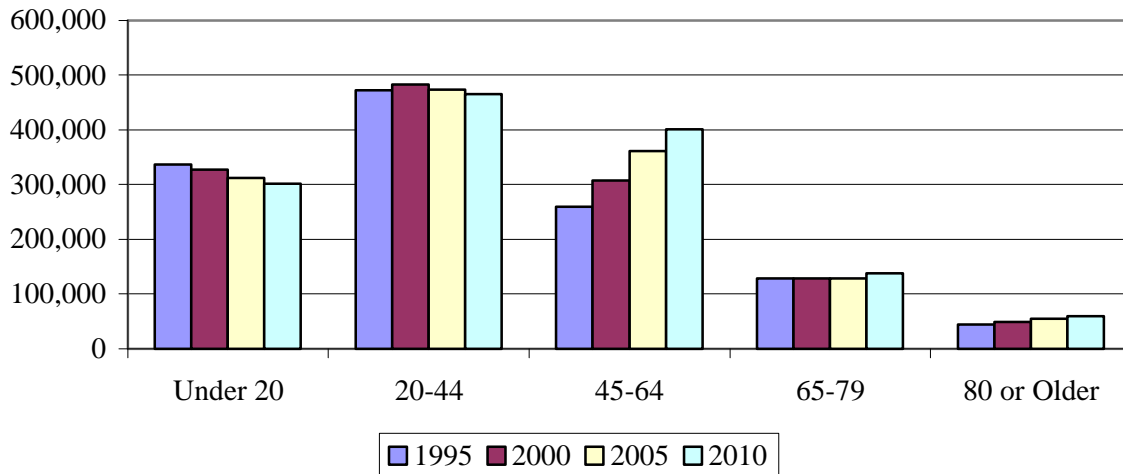
Long Term Care Ombudsman**Services Provided**

Complaints investigated	1,354	1,476	1,922
Cases opened	648	1,000	1,424
Requests for information handled	800	900	1,000+

Legal Services for the Elderly**Consumers Served**

Consumers served by LSE	3,363	7,753	6,240
Consumers calling LSE for Health Insurance Counseling	2,500	4,303	2,682

Population Estimates and Projections by Age Group



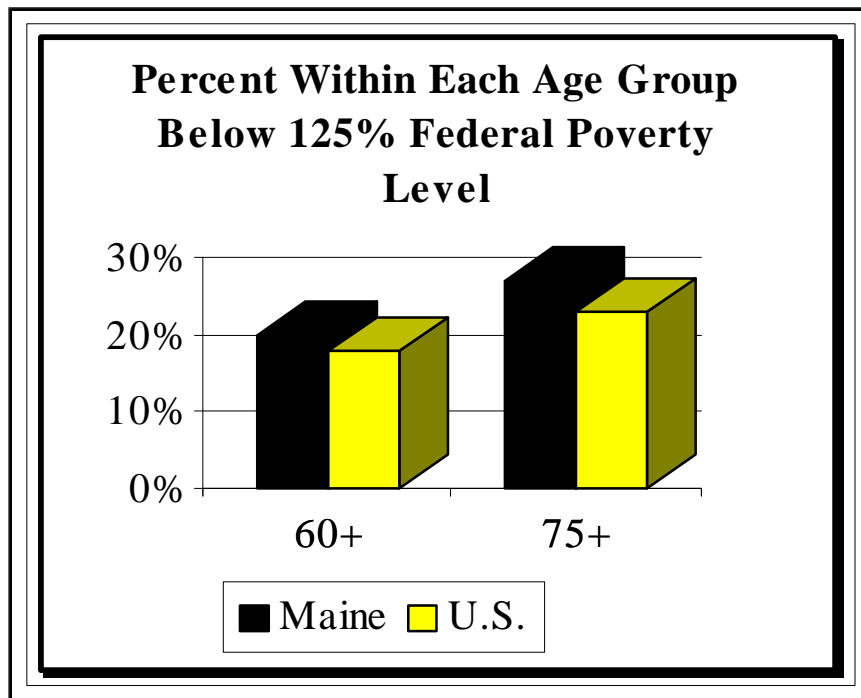
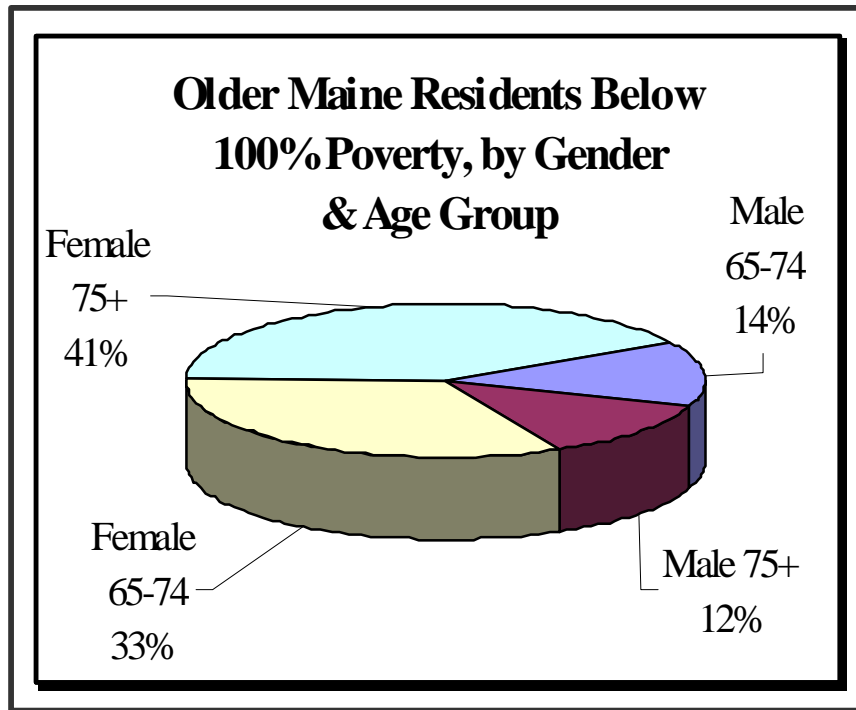
Data Source: Maine State Planning Office

Note: These populations have been adjusted to correct for the estimated undercount in the 1990 decennial census.

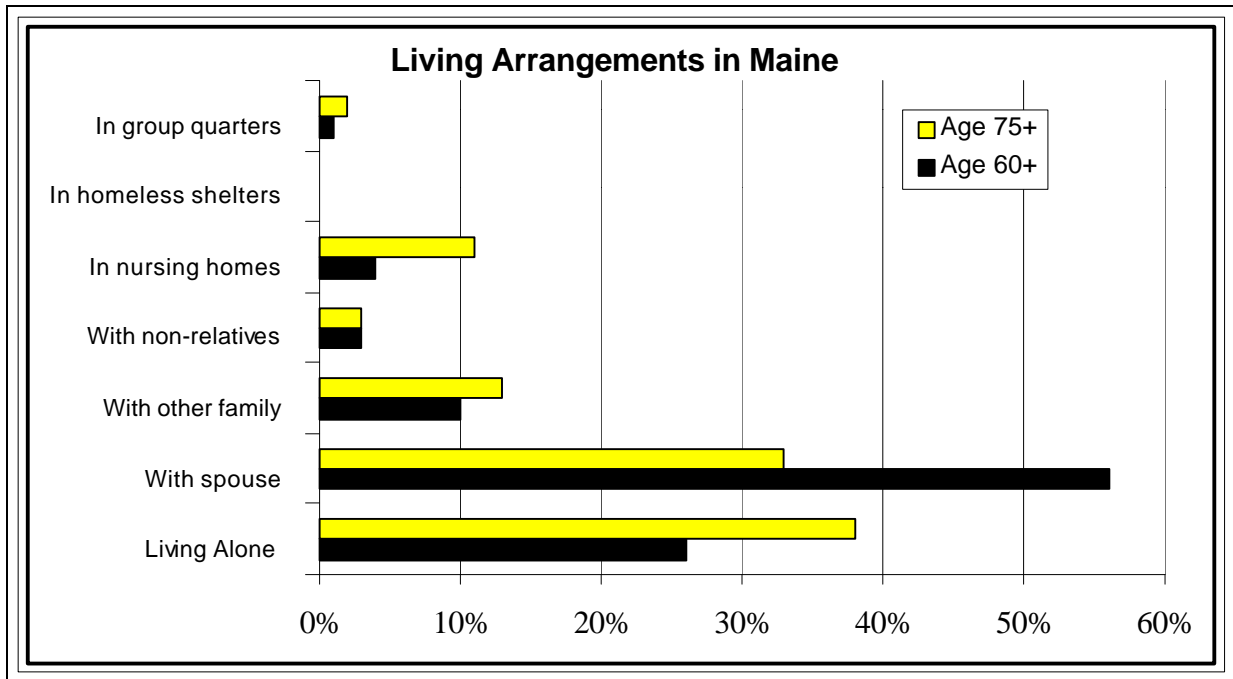
July 1, 1998 -- Population Estimates By County

County	Total Population	65+ Population	65+ as % of Total
AND	101,280	14,058	14%
ARO	76,085	11,990	16%
CUM	253,582	33,643	13%
FRA	28,933	4,001	14%
HAN	49,932	7,575	15%
KEN	115,207	16,090	14%
KNO	37,847	6,411	17%
LIN	31,815	5,800	18%
OXF	53,673	8,393	16%
PEN	142,323	18,307	13%
PIS	18,282	3,257	18%
SAG	35,779	4,306	12%
SOM	52,380	6,757	13%
WAL	36,465	4,750	13%
WAS	35,502	5,766	16%
YOR	175,165	23,729	14%
TOTAL	1,244,250	174,833	14%

Data Source: U.S. Census Bureau



Data Source: U.S. Census, 1990.



Data Source: U.S. Census, 1990.

Minorities

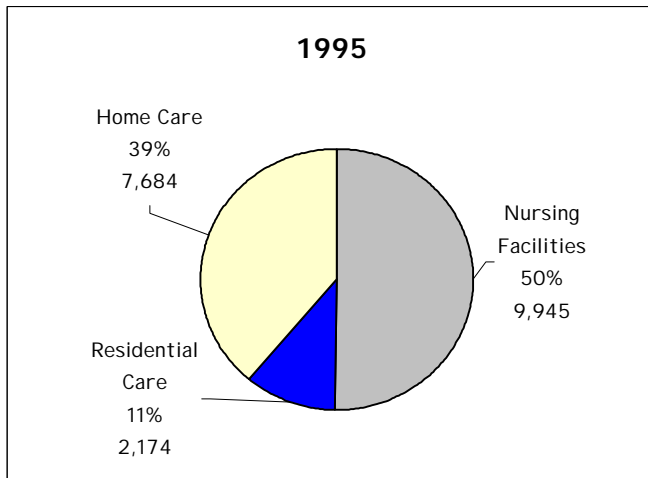
The United States population is composed of many races and ethnic groups. The State of Maine is not as diverse racially as the U.S. as a whole. Nationally, 85% of the older population are non-hispanic whites. In Maine, 99.4% are non-hispanic whites.

Age 60+	United States	Maine
American Indian, Eskimo, or Aleutian	171,763	345
Asian or Pacific Islander	657,850	225
African-American	3,468,107	262
White	37,052,929	216,823
Other	480,388	40
Total	41,831,037	217,695*

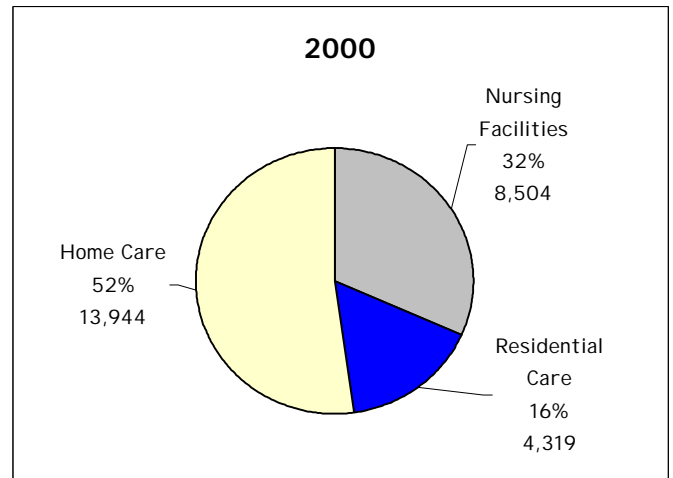
*Of this total, 437 are of Hispanic origin, of various races.

Data Source: U.S. Census, 1990.

Long-term Care Where are People Receiving Services?

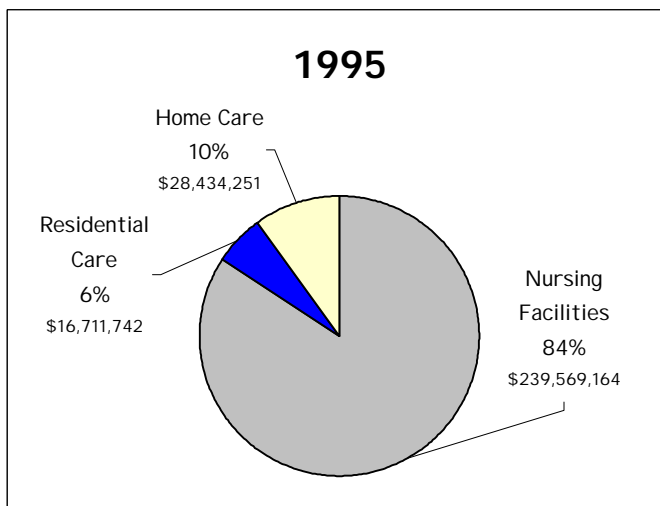


Total Persons Served: 19,803

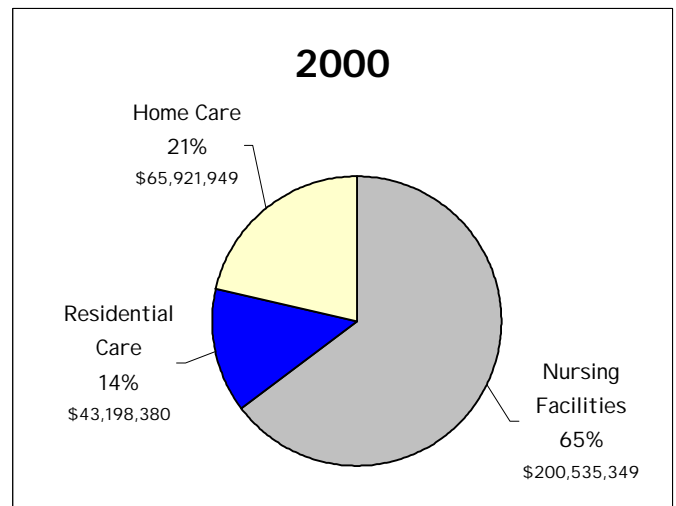


Total Persons Served: 26,767

Long-term Care State and Medicaid Spending



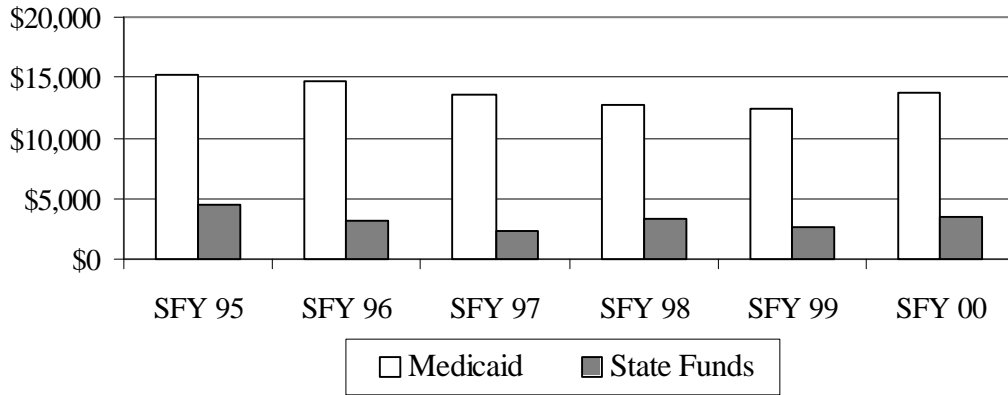
Total Expenditures: \$284,715,157



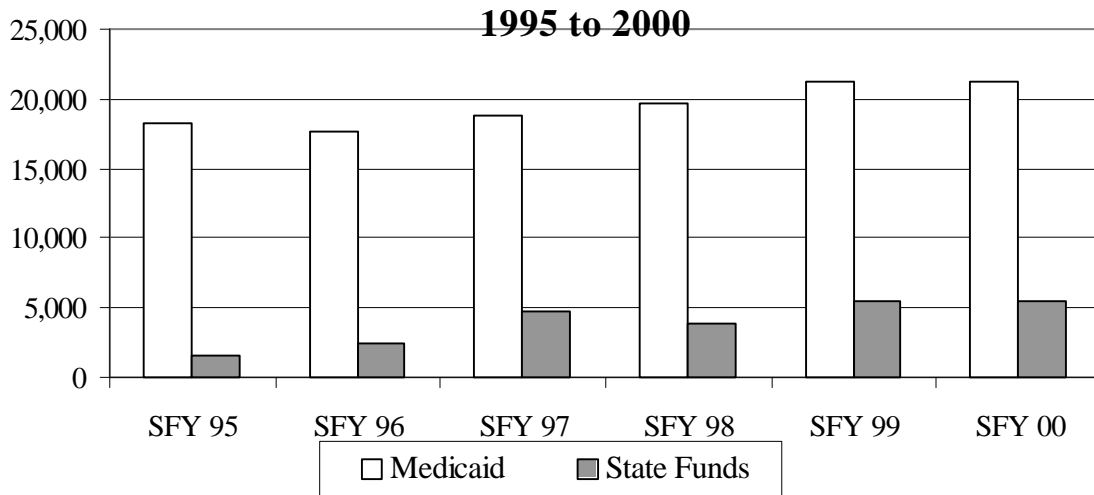
Total Expenditures: \$309,655,678

Data Source: Bureau of Elder and Adult Services, Bureau of Medical Services

Long-term Care Spending Per Recipient by Funding Source 1995 - 2000



Number of Consumers Receiving Long-term Care Services by Funding Source



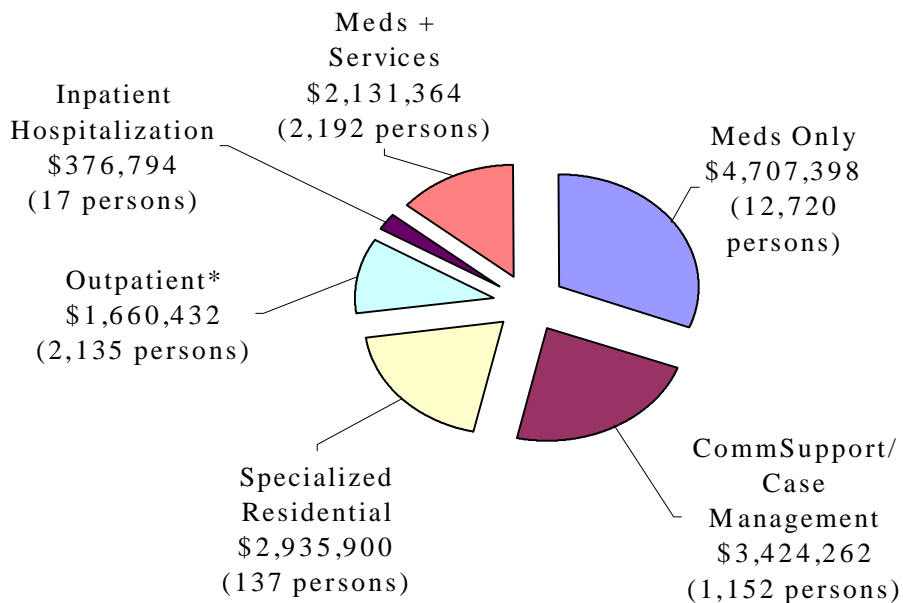
Health Problems of Persons Receiving Assessments for Long-term Care Services

Top 10 Health Problems and Conditions for Individuals Age 65 and Older (n=11,948)

Health Problem/Condition	No. of Individuals with a Diagnosis	Percentage of Individuals
1 Hypertension	5,646	47%
2 Alzheimer's or other dementia	4,890	41%
3 Arthritis	4,417	37%
4 Other cardiovascular disease	3,191	27%
5 Depression	3,108	26%
6 Allergies	3,092	26%
7 Congestive heart failure	2,945	25%
8 Diabetes mellitus	2,843	24%
9 Cerebrovascular accident	2,529	21%
10 Emphysema/COPD	2,365	20%

Prepared by the Muskie School State Fiscal Year 1999

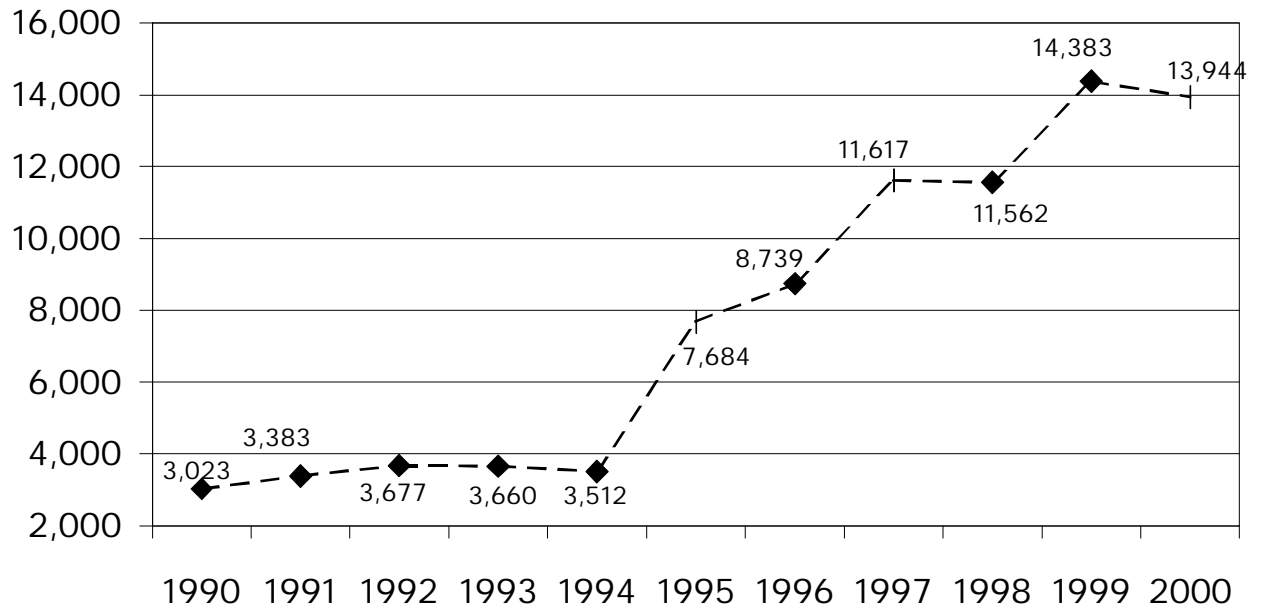
Costs of Mental Health Services for Maine's Elderly in Fiscal Year 1998



Source: 1998 Medicaid Claims and DMHMRSAS expenditures. Please note that persons served may have received more than one service.

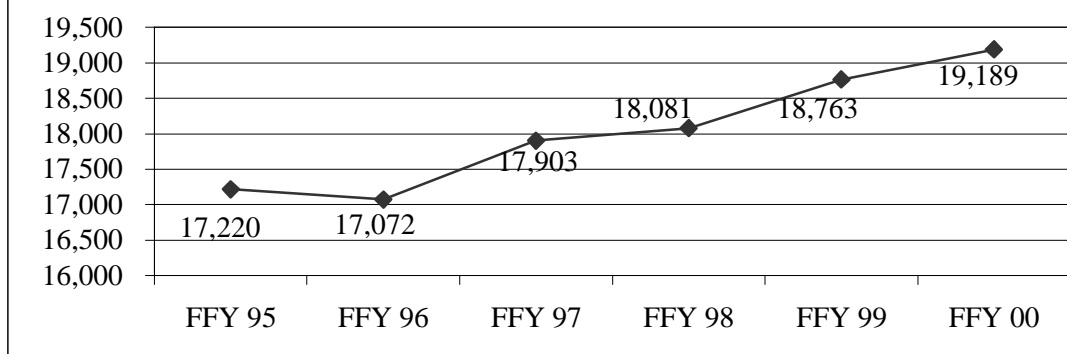
**Includes Medicaid portion of outpatient services and psychogeriatric services.*

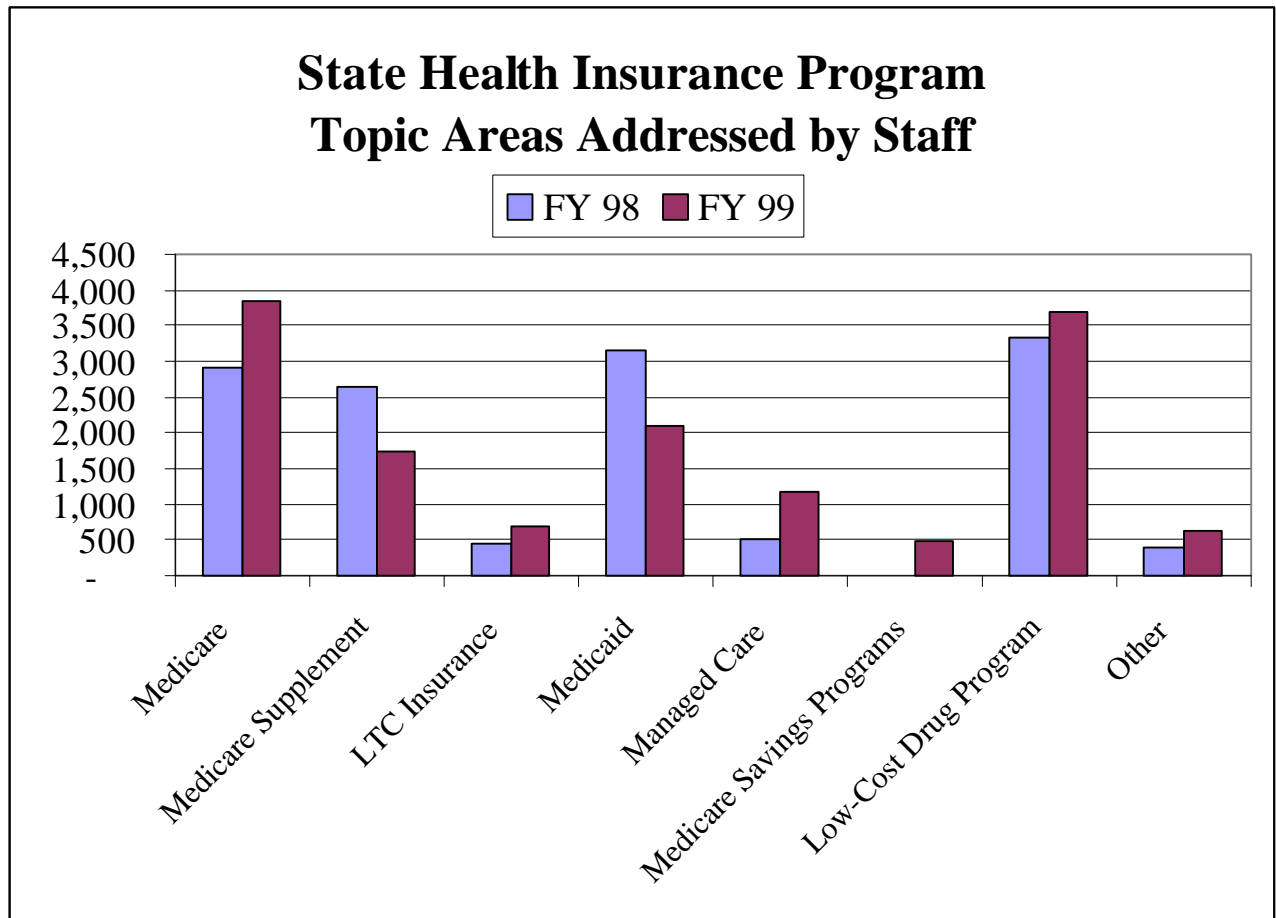
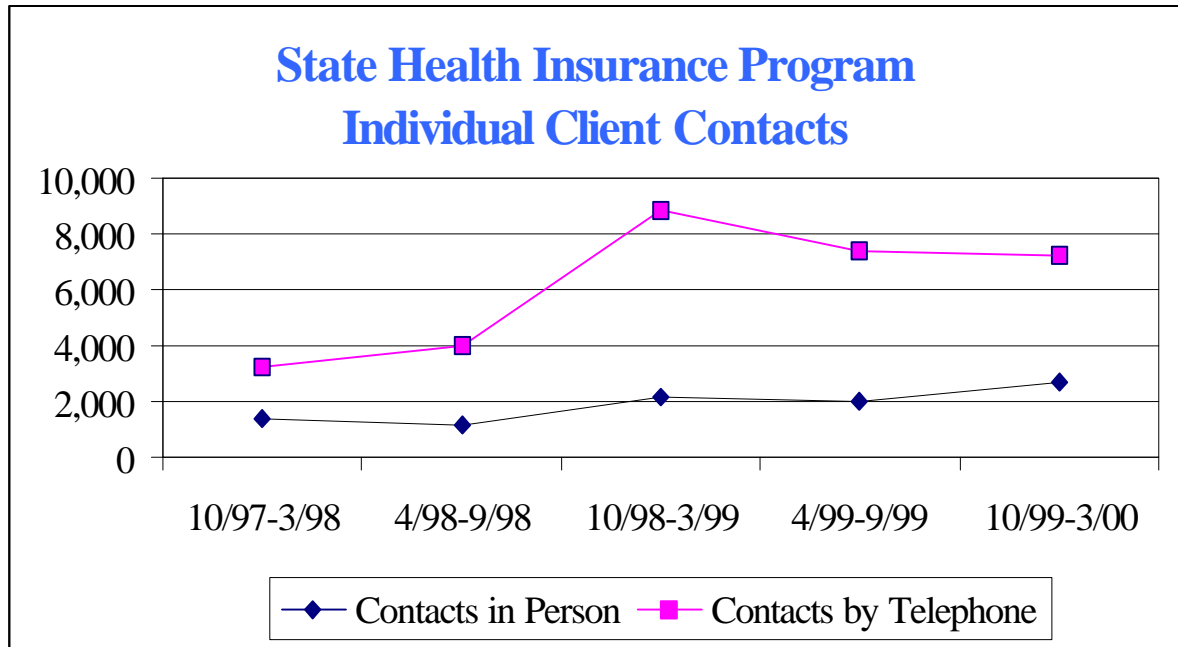
Home Care Clients Served 1990-2000



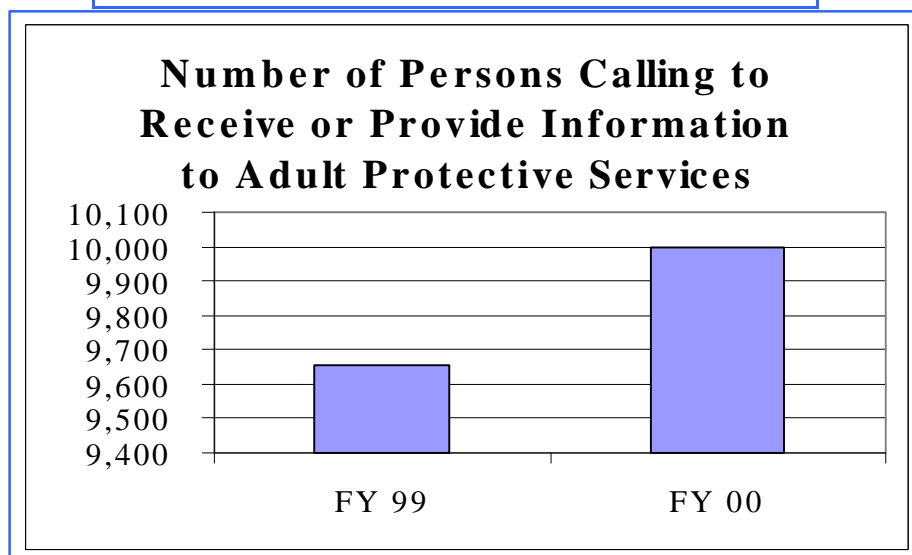
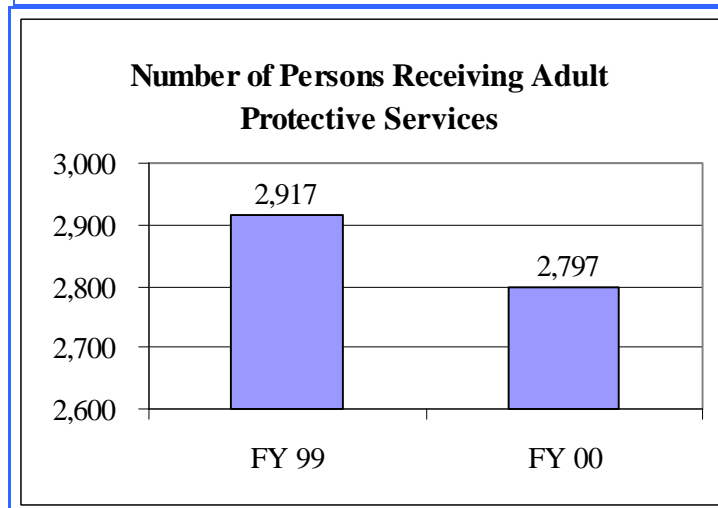
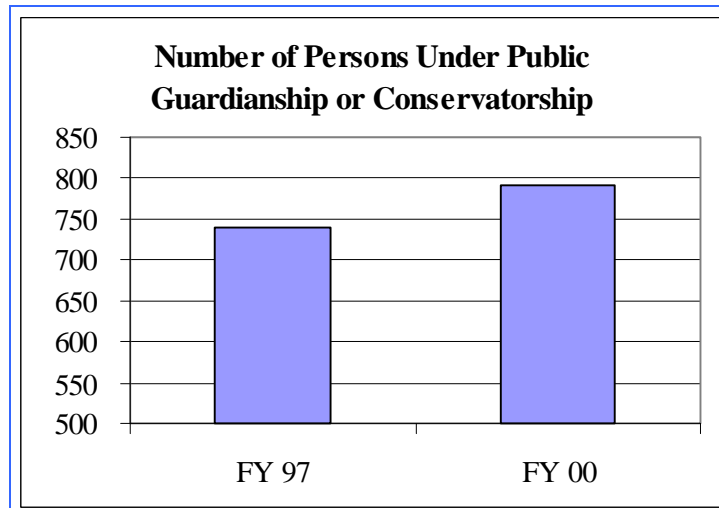
Disability Determination Services

Number of Disability Determination Cases Processed in Maine FFY 95 to FFY 00



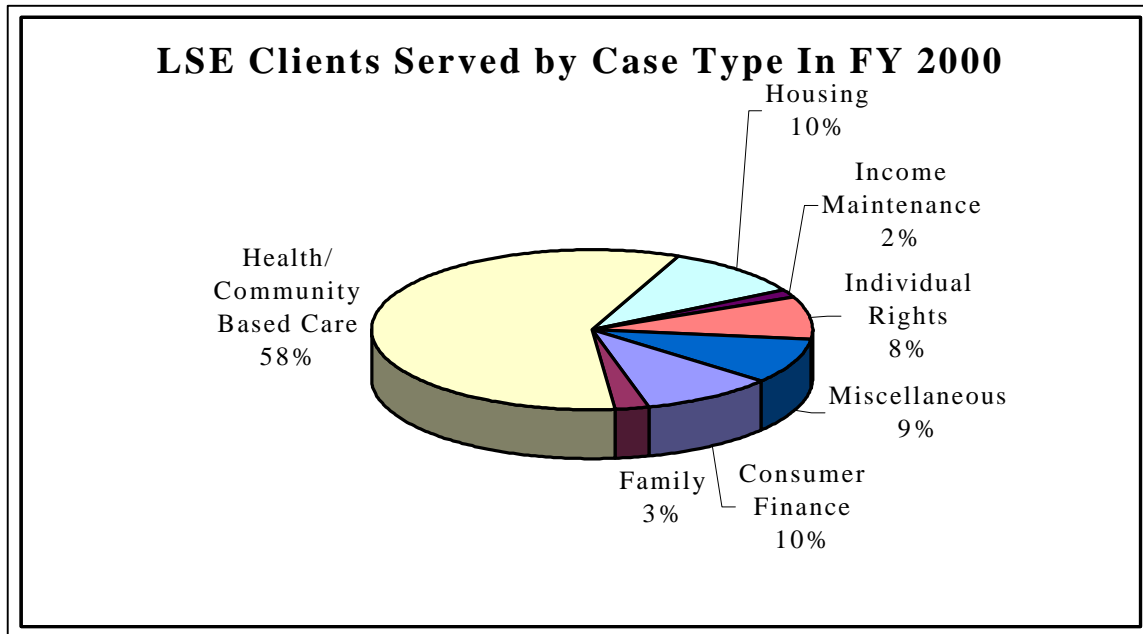


Adult Protective Services



Legal Services for the Elderly

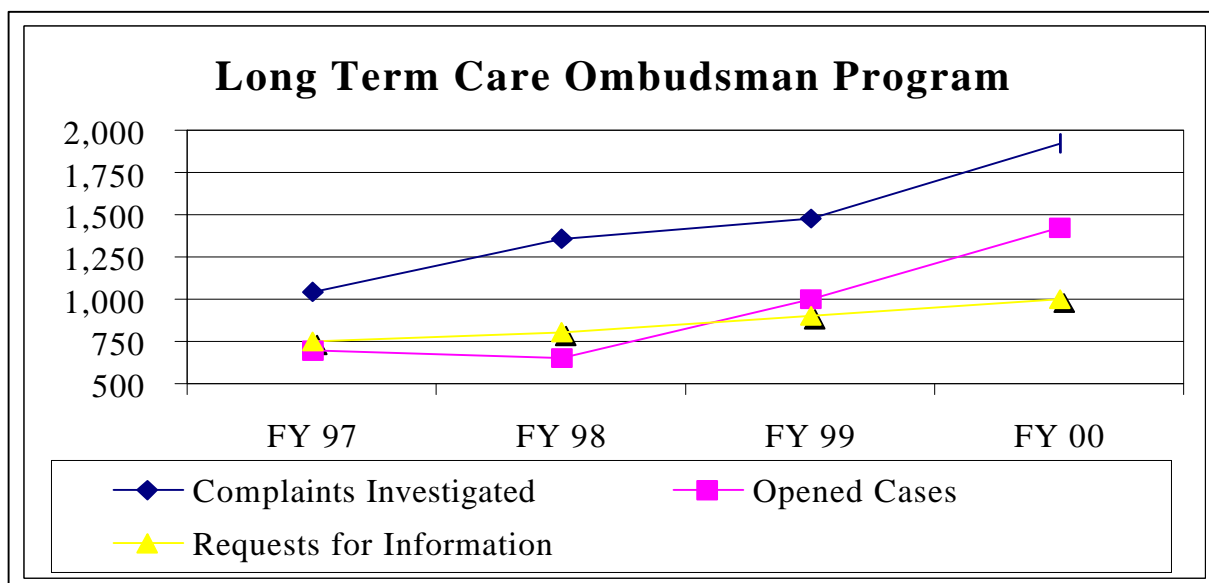
Between July 1, 1999, and June 30, 2000 (state fiscal year 2000), LSE served 6,966 consumers.



Data Source: Legal Services for the Elderly, Inc.

Long Term Care Ombudsman Program

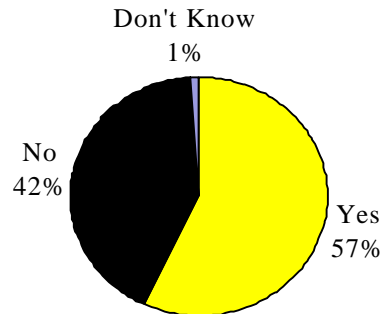
Between July 1, 1999, and June 30, 2000 (state fiscal year 2000), LTCOP investigated complaints on behalf of 1,922 consumers and opened cases on 1,424 consumers.



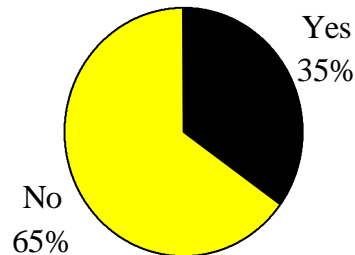
Data Source: Maine's Long Term Care Ombudsman Program, Inc.

The charts on the following two pages are based on data from the Maine Citizens Survey, an annual survey of Maine adults age 18+ sponsored by the Maine Development Foundation.

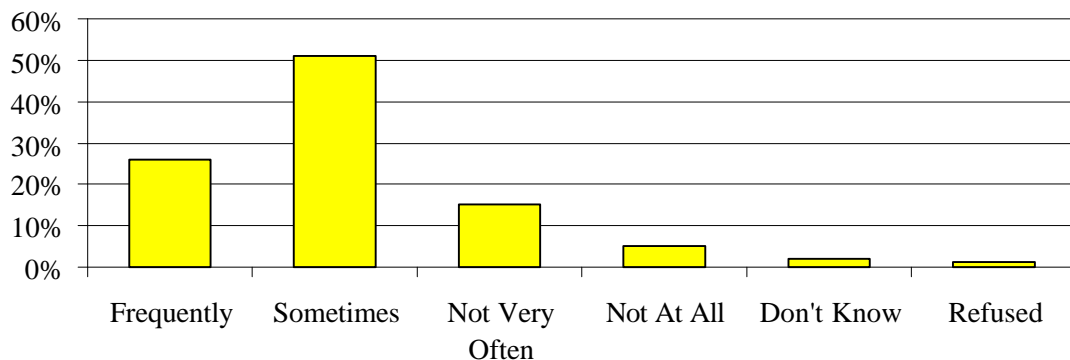
Have you heard of the Area Agencies on Aging?

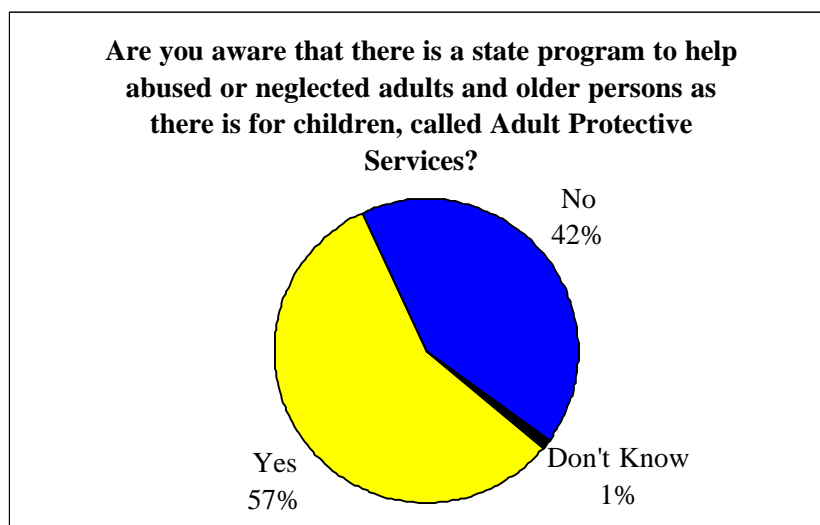
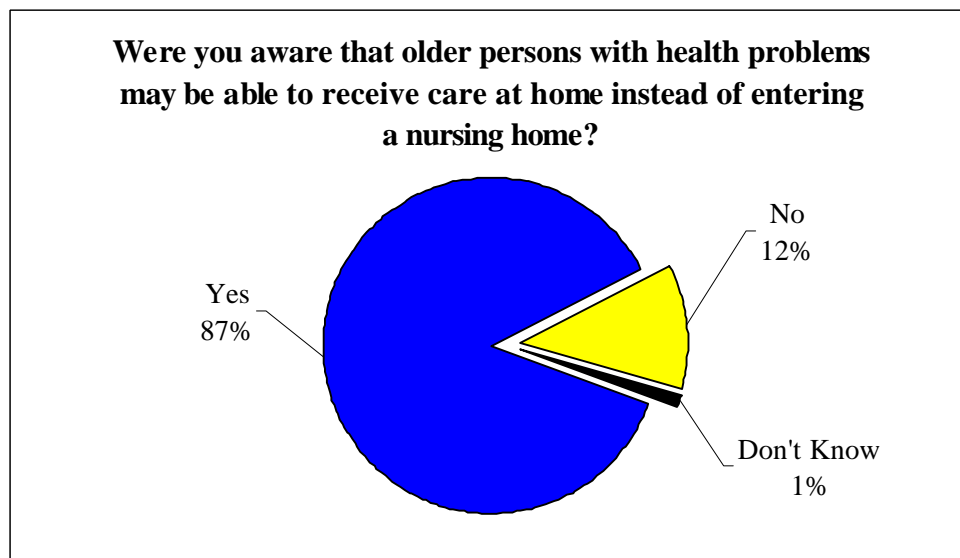
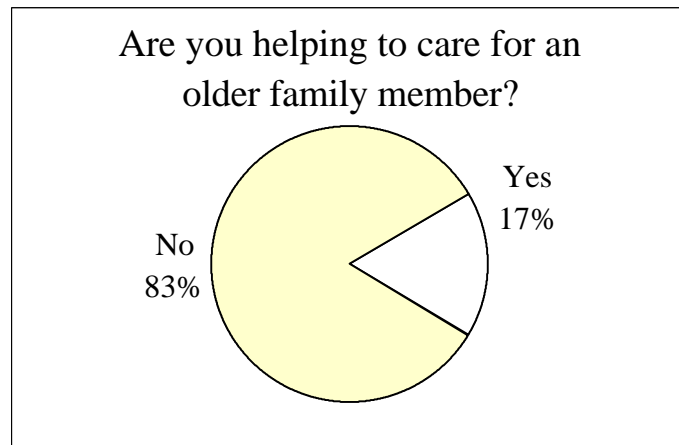


Have you or a family member ever contacted an area agency on aging for information?



With respect to middle-aged and older workers, do you think that they are discriminated against in the workplace...?





Source: 1999 Citizen Survey

Strategic Goals, Objectives and Initiatives for 2000 – 2004

This plan is based on the current Strategic Plan of the Department of Human Services, which is also the basis for the performance-based budget submitted to and funded by the Legislature. The Bureau's State Plan activities for the next four years are reflected in the following initiatives, based on the applicable Departmental strategic goal and objective, and the four Bureau programs and strategies as they appear in the State budget.

This plan also builds on the area plans developed by Maine's five area agencies on aging, as stipulated in the Older Americans Act. While the area plans reflect primarily regional needs and this plan addresses mostly statewide issues, the following activities reflect areas of concern to both the area agencies and the Bureau of Elder and Adult Services:

1. Improve the visibility of the area agencies on aging as the main resource for older persons and their families
2. Ensure that older persons have the information they need to make decisions to maintain their independence, especially in the area of health insurance, prescription drugs and Medicare fraud and abuse
3. Promote more self advocacy and leadership by and for Maine's older adults
4. Increase awareness about the extent of depression among older people and the availability of treatment and services, while developing volunteer friendly visitor services to help reduce the impact of isolation and loneliness among the elderly
5. Improve nutritional health and physical activity
6. Provide information and training to resident services coordinators at elderly housing facilities
7. Work to develop additional resources for transportation and promote cooperation among agencies to maximize existing resources

Strategic Goal

To assist elders and adults with disabilities to remain independent and to protect incapacitated and dependent adults from neglect, abuse and exploitation.

Strategic Objective

Maintain a level of supports and services for Maine's elders and adults with disabilities to improve their opportunities for independence and safety.

State Plan Initiatives:

Community Services

Program Strategy:

Administer nutrition, outreach, ombudsman, legal, resource development, employment, volunteer, transportation, respite, adult protective and guardianship services.

1. Work with the area agencies on aging to increase awareness about the extent of depression among older people and about the availability of treatment and services, and to develop volunteer friendly visitor services to help reduce the impact of isolation and loneliness among the elderly
2. Implement the Older Americans Act Family Caregiver Initiative, building on Maine's existing state-funded respite programs
3. Design and implement an Adult Services Automated Information system
4. Advocate for statutory changes to facilitate prosecution of perpetrators of adult abuse and neglect
5. Use information from Adult Protective Services time study and other sources to improve planning for allocation of staff and program resources
6. Obtain continued funding for Assistant Attorney General staff to assist with investigations of financial exploitation cases
7. Increase number of persons from varying cultural backgrounds who are employed in and receive aging services
8. Cooperate with AARP to identify and develop more elder leadership for advocacy on public policy issues
9. Work with the Bureaus of Medical Services and Family Independence in implementing Federal options that will enable people with disabilities to work and maintain Medicaid insurance coverage. Manage HCFA grant to study feasibility of expanding Medicaid for employed, disabled adults
10. Collaborate with the Bureau of Health and other agencies to obtain funds to support initiatives to promote healthy lifestyles and reduce the impact of physical inactivity and poor eating habits
11. Increase awareness of Medicare savings programs and assist people with the application process

12. Increase the number of home delivered meals participants at high risk of malnutrition who get follow up counseling
13. Improve transportation options for medical needs by determining the extent of need, advocate for additional funds, and promote the use of volunteers
14. Increase number of Senior Community Service Employment Program (SCSEP) participants who find jobs in their communities
15. Increase the number of consumers who report satisfaction with benefits counseling
16. Develop a protocol for identifying adolescents and young adults who may transition to the Adult Protective Services program from Child Protective Services
17. Participate in and assist with staffing of the Governor's Retirement Industry Council
18. Staff the planning committee for the 2001 Blaine House Conference on Aging
19. Revise and expand the Bureau website to make it an easy-to-use source of public information on aging issues
20. Work with the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Joint Advisory Committee on Select Services for Older Persons to implement recommendations jointly submitted to the Legislature regarding the mental health and substance abuse service needs of older people, and the needs of aging persons with mental retardation and aging family caregivers
21. Implement the new federally funded Alzheimer's Project to insure that Maine's long term care system is responsive to the needs of people with Alzheimer's Disease and other dementias and their family caregivers
22. Assist the Department of Corrections to identify the need for long-term care services among the correctional population
23. Work with the Area Agencies on Aging to generate interest in expanding the "Money Minder" program and explore with the Administration on Aging Regional Office implementation of their financial literacy initiative
24. Review 2000 census data and update Older Americans Act funding distribution formula for Maine

Long Term Care

Program Strategy:

Promote affordable home care options consistent with individual assessed needs to prevent or delay institutionalization.

1. Advocate for system changes that will promote a qualified, stable home care workforce. Work with providers and Legislature to address the workforce issues regarding wages and benefits, dignity and respect for the job, and development of career ladders and opportunities for advancement
2. Support the development of a system that will allow consumers and providers to easily obtain information about the training and experience of unlicensed assistive personnel
3. Promote more consumer direction and control of home care services by adding a consumer-directed option to the Elderly and Adults with Disabilities Waivers by July 2001
4. Work with consumers and providers to establish quality indicators for home care that build on indicators used for nursing homes and residential care facilities
5. Amend rules for state and Medicaid home care programs to create more uniformity across programs in order to ease the transition for consumers moving from one funding source to another
6. Identify ways to make greater use of technology, such as telemedicine, to assist consumers to remain at home
7. Advocate for changes in the Nurse Practice Act to allow more flexible use of certified nursing assistants
8. Support programs and policies that assist families as caregivers
9. Design an acuity based system for authorizing home care service plans
10. Increase public access to caregiving information via the BEAS website
11. Review Department long-term care pre-admission assessment policies to ensure compliance with the Olmstead court decision
12. Participate in planning workgroup to ensure that Maine's plan for complying with the Olmstead decision reflects the needs of older adults
13. Study feasibility of extending pre-admission screening to include residential care facilities

14. Complete a Home and Community-based Waiver quality assurance plan to comply with new guidelines issued by the Health Care Financing Administration
15. Coordinate with the Bureau of Medical Services to develop and implement methods of better managing health care services for Medicaid eligible elders and adults with disabilities

Congregate Housing

Program Strategy:

To assist functionally impaired tenants in elderly housing to remain in their apartments.

1. Work with the Maine State Housing Authority and others to assure that new elderly housing sites include the physical plant features that will meet the requirements of Congregate Housing Services Programs (CHSP) and qualify for future CHSP funding
2. Promote funding needed to renovate existing elderly housing developments to include a supportive services program
3. Better coordinate the housing and services planning to ensure elderly CHSP sites are located in areas of greatest need
4. Study the feasibility of expanding Medicaid coverage to include supportive services in licensed CHSPs
5. Develop models of mixed income CHSP projects, particularly in rural areas
6. If funded, implement activities proposed under the Robert Wood Johnson grant to expand affordable assisted living in rural areas
7. Develop additional residential programs to serve elders and disabled adults with special needs (dementia, mental health, brain injury)

Disability Determination Services

Program Strategy:

To provide high quality Social Security Disability decisions in a timely and cost effective manner.

1. Train staff in new elements of the disability determination process
2. Train and mentor staff to improve their ability to make quality medical assessments on cases
3. Increase efficient use of medical consultant time
4. Educate the public and advocacy groups about the disability determination process

Ongoing Activities

The initiatives included in this State Plan represent new or significantly expanded activities that the Bureau of Elder and Adult Services will be undertaking. In addition, the Bureau will continue to perform the ongoing activities listed below:

Adult Protective Services

- ☐ Provide adult protective services to incapacitated or dependent adults in danger of, or at substantial risk of, abuse, neglect, or exploitation
- ☐ Provide 24 hour-a-day emergency adult protective services, statewide
- ☐ Assess the needs of incapacitated adults and provide public guardianship/conservatorship when the incapacitated adult has no responsible substitute decision-maker
- ☐ Advocate for the development of adequate and appropriate services and resources for Adult Services clients, including additional group homes
- ☐ Comply with the requirements of the Augusta Mental Health Institute Consent Decree
- ☐ Continue to support local “TRIAD” initiatives which improve cooperation between law enforcement and social services agencies
- ☐ Provide training for law enforcement, financial institutions and other professionals on abuse, neglect and financial exploitation of incapacitated and dependent adults

Advocacy

- ☐ Advocate for legal reform on issues affecting the elderly in Maine
- ☐ Advocate for older people by working with the area agencies on aging, Legal Services for the Elderly, Long-Term Care Ombudsman Program, the Senior Legislative Advocacy Coalition, Maine Advisory Council on Elder Affairs, the State Independent Living Council and the Joint Advisory Committee on Select Services for Older Persons

- ☐ Contract for and monitor the provision of Legal Services for the Elderly and Long-Term Care Ombudsman Program
- ☐ Update Bureau of Elder and Adult Services publications such as Aging: Taking Care of Business and the Resource Directory for Older People in Maine

Community Services

- ☐ Manage the Bureau's Senior Community Service Employment Program (SCSEP)
- ☐ Coordinate with Department of Labor on elder employment issues
- ☐ Administer and monitor Administration on Aging funded programs, including nutrition, advocacy and outreach, and activities to protect the rights of vulnerable elders as mandated by the Older Americans Act
- ☐ Administer the nutrition education project, funded by USDA, which provides nutrition education to vulnerable seniors at risk of malnutrition
- ☐ Update the Prescription Drug Survey on a regular basis so consumers have current information on the cost of the top ten prescription drugs prescribed for older adults
- ☐ Promote increased education and counseling for Medicare beneficiaries by coordinating efforts of the State Health Insurance Assistance Program (SHIP), the Maine Medicare Education Partnership (MMEP) and the Medicare Beneficiary Services Workgroup
- ☐ Support efforts of area agencies on aging to increase resources for providing outreach, transportation, friendly visiting for isolated elders, and information and assistance to elders

Health and Long-Term Care

- ☐ Administer Maine's Home Based Care, Elders and Adults with Disabilities Medicaid Waiver, Alzheimer Respite, the Physically Disabled Medicaid Waiver and Adult Day Care programs

- ☐ Administer State funds for homemaker services for elders and adults with disabilities
- ☐ Administer the nursing facility pre-admission screening program
- ☐ Administer the grant from the Administration on Aging for Maine's Alzheimer's Project to integrate long-term care and services in Maine for people with Alzheimer's Disease and their caregivers
- ☐ Coordinate the Department's internal Long-term Care Workgroup
- ☐ Staff Department's Long-term Care Steering Committee
- ☐ Administer Maine's automated, consumer focused assessment and program management system, MECARE
- ☐ Implement Maine's managed care initiative for elders and adults with disabilities (MaineNET) in three sites with USM's Muskie School of Public Service and the Bureau of Medical Services

Community Resource Development

- ☐ Administer the Congregate Housing Services Program
- ☐ Administer the Assisted Living Demonstration Program
- ☐ Advocate for the provision of adequate housing options for low income elders
- ☐ Develop additional Adult Family Care Homes
- ☐ Develop additional Residential Care beds, especially for persons with special needs such as persons with Alzheimer's Disease, brain injury, and public wards with serious/prolonged mental illness
- ☐ Encourage conversion of excess nursing facility capacity to less medical, less costly residential services
- ☐ Administer Certificate of Need process for long-term care projects

Administrative Services

- ☐ Staff legislative commissions and task forces as needed, including the Joint Advisory Committee on Select Services for Older Persons
- ☐ Maintain the Bureau of Elder and Adult Services Internet and Intranet home pages
- ☐ Monitor performance based contracting reports and work with contractors and available expertise to improve the usefulness of data collected
- ☐ Participate in performance budgeting
- ☐ Review contract requirements and comply with request-for-proposal schedule to assure competitive bidding

Funding and Older Americans Act Allocations

Funding Sources

The Bureau of Elder and Adult Services receives federal and state funds in order to accomplish its responsibilities for planning, policy development, coordination and evaluation of activities relating to older people and adults in danger of abuse, neglect or exploitation. Federal and state laws specify for what purposes, and by whom, funds must be used. Listed below are the funds received by the Bureau of Elder and Adult Services and the purposes for which they are provided.

<i>Federal</i>	
Source	Purpose
Older Americans Act:	<i>Most of this funding can only be awarded to the Area Agencies on Aging</i>
Title III B	- Access and supportive services such as information and referral, outreach, transportation, and legal assistance
Title III C	- Nutrition programs, both home delivered meals and community dining
Title III F	- Disease prevention and health promotion
Title V SCSEP	- Senior Community Service Employment Program provides part-time employment for people with low income age 55 and over
Title VII Ombudsman	- Investigation and resolution of complaints about services in nursing and residential care facilities and home and community settings
Title VII Elder Abuse	- Elder abuse prevention
Administration on Aging	- Maine Alzheimer's Project; respite services for caregivers, training and education for caregivers, service providers and physicians, and analysis of how well Maine's long term care system serves people with Alzheimer's and other dementias and their caregivers. - Maine Medicare Education Partnership; education of beneficiaries about Medicare waste, fraud and abuse
United States Department of Agriculture	Supportive funds for nutrition programs for older people
Health Care Financing Administration	Counseling for Medicare beneficiaries about Medicare Supplemental policies, long-term care and other kinds of health insurance
Title XIX - Medicaid	Federal share of Bureau of Elder and Adult Services positions that deal with residential care, housing and managing the certificate of need process for long-term care

<i>State</i>	
Source	Purpose
Home Based Care	Assessment, care coordination and in-home services to help people remain in their own homes, for people over 60 and adults with disabilities
Congregate Housing	Supportive services for residents of congregate housing facilities
Homemaker	Homemaker services such as housekeeping, assistance with chores, grocery shopping, meal preparation and household management
Home Delivered Meals	Additional funds to support home delivered meals
Alzheimer's Respite	Respite services for family caregivers, training and match for Maine's Alzheimer's Project
Adult Day Care	Adult day care services
Adult Protective Services	Supportive services for adult protective clients and individuals for whom the State is the conservator or guardian
Housing Services	Supports the Bureau of Elder and Adult Services Guardianship and Conservatorship Programs, assists in the development of specialized facilities, and housing resource development
Matching funds for Title XIX	Matches Federal funds for the Bureau of Elder and Adult Services positions that deal with residential care, housing, and managing certificate of need process for long-term care
Volunteer Grants	Supports Foster Grandparent, Senior Companion and Retired and Senior Volunteer Programs
Legal Services for the Elderly (LSE)	Supports legal services for older individuals provided by LSE
Long-Term Care Ombudsman Program (LTCOP)	Investigation and resolution of complaints about services in nursing and residential care facilities and home and community settings
Transportation	Additional funds to support rides for medical needs for older individuals not eligible for Medicaid transportation

Although not part of the Bureau's budget, working with the Bureau of Medical Services, the State Medicaid agency, additional funds are generated for in-home services for older people and adults with disabilities through Medicaid Waivers and other options available through the Medicaid program. For FY 2001, \$14,772,030 will be available for direct services through the Waiver for the elderly, and \$13,091,136 will be available for the two Waivers for people with disabilities. In addition, a projected \$2,267,210 in Medicaid funds will be generated to pay for assessments and \$2,659,282 for targeted case management or case coordination and monitoring.

Allocation of FY 01 Funds – Bureau of Elder and Adult Services

		<u>BEAS</u>	<u>Program</u>	<u>Regional</u>				
<u>Federal</u>	<u>Total</u>	<u>Admin</u>	<u>Admin</u>	<u>Admin</u>	<u>AAA</u>	<u>LSE</u>	<u>LTCOP</u>	<u>Other</u>
Title III-B	1,634,394	187,260			1,365,414		81,720	
Title III-C	2,729,948	312,740			2,402,808		14,400	
Title III-F	80,398				80,398			
Title VII-Omb.	42,237						42,237	
Title VII-Elder Abuse	23,660		23,660					
USDA	650,000				650,000			
Soc. Srv. Block Grant (Nutrition)	415,278				415,278			
SCSEP	540,547		36,166		298,381			206,000
Health Ins. Counsel.	108,098		19,505		63,164	25,429		
Alz. Demo.	255,000				37,500			217,500
Title XIX (Medicaid)	80,000		80,000					
Medicare Patrol	160,000		13,199		95,604	51,197		
I & R for Medicare	14,000		14,000					
TOTAL FEDERAL	6,733,560	500,000	186,530	0	5,408,547	76,626	138,357	423,500
		<u>BEAS</u>	<u>Program</u>	<u>Regional</u>				
<u>State</u>	<u>Total</u>	<u>Admin</u>	<u>Admin</u>	<u>Admin</u>	<u>AAA</u>	<u>LSE</u>	<u>LTCOP</u>	<u>Other</u>
Administration	832,904	621,529			141,375	70,000		
PSSP	425,395				425,395			
Legal Services	139,208					139,208		
Housing Services	57,000		57,000					
Congregate Housing	2,419,347				751,770			1,667,577
Ombudsman	248,465						248,465	
Volunteer Grants	120,000				30,000			90,000
HBC EIM	13,033,864		52,722		12,981,142			
HBC Alpha One	3,118,374							3,118,374
HBC Assessment	1,366,732							1,366,732
Adult Protective Serv.	3,972,541		241,465	3,603,004	63,072			65,000
Adult Protective HBC	200,000				106,917			93,083
Homemaker	2,585,779							2,585,779
Alzheimer	839,609				754,609			85,000
Home Del. Meals	200,000				200,000			
Title XIX Match	80,000		80,000					
Adult Day Care	436,563							436,563
TOTAL STATE	30,075,781	621,529	431,187	3,603,004	15,454,280	209,208	248,465	9,508,108
TOTAL ALL FUNDS	36,809,341	1,121,529	617,717	3,603,004	20,862,827	285,834	386,822	9,931,608

Intrastate Funding Formula for Older Americans Act Funds

The Older Americans Act requires the Bureau of Elder and Adult Services to establish a formula for allocating to Maine's five area agencies on aging the Title III funds provided by the Act. The formula that was in place during the previous state plan will remain in effect until data from the 2000 census are available. The numbers used in the formula have not been recalculated because it is not possible to obtain updated census data for the same year for all of the factors that are used in the formula.

In developing the formula, the Act requires that states give special consideration to three factors: greatest economic need, greatest social need, and minority populations. We must also consider the impact of rurality. In addition to the number of people age sixty and older, these three factors are the only variables that Maine's formula includes. The following includes the definitions of those factors and a discussion of their impact on the formula.

Greatest Economic Need means people with incomes at or below poverty level as defined by the Office of Management and Budget (OMB) in Washington. Of people over 60 in Maine, 13% have incomes below the 1989 federal poverty level, which is a monthly income of \$498/one person household or an annual income of \$5,976. Approximately 20% have incomes below 125% of the poverty level, which is a monthly income of \$623/one person household or an annual income of \$7,476. This means that 43,539 older people in Maine are living on an annual income of \$7,476 or less. Since the incidence of poverty is higher in certain parts of the state, the formula takes the geographic distribution into account.

Greatest Social Need includes people requiring assistance with personal care and mobility and non-English speaking people who might have greater difficulty in obtaining services. It is estimated that 20% of people sixty and older have mobility or self-care limitations, and 15% have difficulty with self-care and performing daily tasks. Of the sixty to sixty-four age group, 16% live alone, and of the eighty to eighty-four age group, 42% live alone. Given these substantial numbers and their significance in terms of people's ability to remain independent, the importance of social need in the formula is clear.

Minority means people of American Indian, Alaskan Native, Asian, Pacific Islander, African American, or Hispanic descent. In contrast to the rest of the country, Maine does not have a racially diverse population, as 99.4% of older people in the state are non-hispanic whites. According to the 1990 census, there are only 1,309 people in Maine age sixty and older from minority groups. Although there are few older minority people, they tend to have lower incomes and can be more isolated due to language and cultural differences; therefore they are included as a factor in the formula.

In addition, Maine is largely a rural state. Although we have some areas that are more densely populated and have a few localities that can be considered urban, we simply consider the state to be rural and do not use rurality as a factor in the formula, especially because demographically “rurality” is a complex variable that all states have problems in dealing with fairly. Since the formula accounts for the number of older people in each region, we believe that variations in the distribution of the population are dealt with reasonably.

As is the case with minority older people, especially those in greater economic and/or social need, area agencies on aging regularly make special efforts to reach isolated older people who may be in need of services. Outreach efforts used include identifying and reaching persons in these groups through the use of the media, mailing of brochures, newsletters and coordinating efforts with town officials, churches, and other agencies. Presentations to senior clubs, town meetings, various local support groups, fairs, malls, dining centers, and other service providers and organizations are also used.

Listed on the following page are the definitions and symbols used in the Intrastate Funding Formula used for allocating Title III Part B and C funds:

Symbol	Definition
B\$	Total dollars available under Title III B for distribution to AAAs
C\$	Total dollars available under Title III C for distribution to AAAs
60+	Total number of people 60 and over in Maine
EN60	Total number of people 60 and over who are in the greatest economic need in Maine
SN60	Number of people 60 and over who are in the greatest social need in Maine
M60	Number of minority people 60 and over in Maine
A:60+	Number of people 60 and over in the AAA's PSA
A:EN60	Number of people 60 and over who are in the greatest economic need in the AAA's PSA
A:SN60	Number of people 60 and over who are in the greatest social need in the AAA's PSA
A:M60	Number of minority people 60 and over in the AAA's PSA
#AAAs	Number of designated AAAs in Maine
*	Multiplied by

An area agency on aging's Title III allocation will be equal to:

$$\frac{(.18*B\$)}{\#AAAs} + \left[\frac{A:60+ + A:M60 + A:SN60 + A:EN60}{60+ + M60 + SN60 + EN60} * (.82*B\$) \right] \text{ Plus}$$

$$\frac{(.18*C\$)}{\#AAAs} + \left[\left(\frac{A:60+ + A:M60 + A:SN60 + A:EN60}{60+ + M60 + SN60 + EN60} \right) * (.82*C\$) \right]$$

The formula allocates Older Americans Act funds to area agencies on aging as follows:

Aroostook Area Agency on Aging	9.859%
Eastern Agency on Aging	20.591%
Senior Spectrum	25.748%
SeniorsPlus	16.600%
Southern Maine Agency on Aging	27.202%

The Intrastate Funding Formula must be updated periodically in a manner consistent with the Older Americans Act and 45 CFR Part 1321.

Title III Part F funds, used for health promotional activities, will be allocated to the area agencies on the basis of the proportion of Maine's total Part F target population in the Planning and Service Area's Medically Underserved Areas (MUAs), based upon most recent Census data. The target population includes the uninstitutionalized population living in MUAs who are (a) 65 years of age and older with Mobility and Self-Care Limitations; plus, (b) those 60 years of age and older with incomes below poverty.

Title III B Expenditures and III C Transfer

Minimum Required Expenditures from Title III B Funds

The Older Americans Act requires the Bureau of Elder and Adult Services to specify in the State Plan the minimum amount it requires the area agencies on aging to spend from their Title III B Supportive funds on three priority categories of services. For the effective period of this plan, the Bureau of Elder and Adult Services will require each area agency on aging to spend a minimum of 50% of their Title III B funds on access services (such as transportation, outreach, information and referral), 5% on in-home services, and 10% on legal services.

Transfer of Title III C Funds

The Older Americans Act allows the area agencies on aging to transfer money between their allocations of Titles III C funds for congregate meals and home delivered meals, but limits that transfer to no more than 30% on a statewide basis. States can request permission from the Administration on Aging to transfer an additional 10%. In order to meet the needs of priority clients, the Bureau of Elder and Adult Services will be requesting approval of the additional 10% transfer for FY 01, which would allow for a total statewide transfer of up to 40% of Title III C funds from congregate meals to home delivered meals. Maine is requesting the maximum allowable transfer because:

- Maine's Medicaid Waiver for the Elderly and the Home Based Care Program continue to provide services to a growing number of frail elderly who are able to remain in their homes and who require home-delivered meals. Home-delivered meals have become a valuable component of the care plan developed to keep more frail elderly in their homes and out of institutional settings.
- Home-delivered meals are available in most areas of the state. Local restaurants, hospitals, and nursing homes are being used for the provision of home-delivered meals in areas where no other option is available.

The state agency will not delegate to an area agency on aging or any other entity the authority to make a transfer under provisions of Section 308 of the Act.

Public Hearings and Comments

The Bureau of Elder and Adult Services held two hearings on November 6, 2000 in Lewiston and Bangor. A public hearing notice was published in the newspapers in Augusta, Bangor, Lewiston and Portland, and on the BEAS web site. The State Plan could be downloaded from the BEAS Website and copies of the proposed plan were sent to the Area Agencies on Aging, Maine Advisory Council on Elder Affairs, Long-term Care Ombudsman Program, Legal Services for the Elderly, Joint Advisory Committee on Select Services for Older Persons.

Questions and Comments

Question: Is there money in the budget to accomplish all the initiatives and are all the initiatives “doable” within the four years?

Response: The BEAS anticipates that all initiatives can be accomplished within four years with projected resources.

Question: What is the “Money Minder” program?

Response: The Money Minders Program is sponsored by the Southern Maine Agency on Aging in collaboration with the American Association of Retired Persons (AARP).

The goal of the Money Minders Program is to offer clients sufficient help with financial matters so that they can continue to live independently and worry-free.

The Money Minders Program provides bonded, carefully screened and trained volunteers to give confidential help, but the participant makes all financial decisions about the handling of a participant’s money.

Question: Long-term care, initiative 7; Do we have specific methods, timeframes, etc. to carry out this initiative regarding more flexible use of Certified Nursing Assistants (CNA). Do we have other information and have we formed workgroups to address this initiative? Who is allowed to feed people

receiving home care or care in a facility. Could other people be trained to help, such as volunteers.

Response: This initiative is intended to address mainly the issues of what tasks CNAs can perform in the home setting. BEAS and other DHS staff met with the Board of Nursing to request Board review of this question. The Board asked the Department to come back with a more specific proposal. BEAS will prepare a proposal in consultation with providers and consumer representatives. The Home care Alliance has this issue on the agenda for an upcoming meeting.

Who can feed residents in nursing facilities is a separate question. The Health Care Financing Administration has specific rules for this activity. Volunteers may be used to help with feeding residents only under limited conditions, e.g. family members may feed the resident who is their relative.

Question: Long-term care, initiative 13; Do we have any details about how we will conduct the study regarding the feasibility of extending pre-admission screening to residential care facilities? Will there be a workgroup? Will there be a tool similar to the MED Assessment?

Response: Residential care services are the only long-term care service setting where consumers do not receive a pre-admission assessment by an independent entity. The Department initially made the decision to defer including residential care in pre-admission screening because at that time the highest priority was to develop more residential care resources. This segment of the service system now is more adequately available, public expenditures for this type of housing and services have more than doubled, and there is better data available on which to base eligibility criteria. The Department believes that pre-admission assessment by an independent entity is as justified for this kind of care as it is for home and nursing home care. The MED tool, which is used for assessments for all other LTC services, would be used for residential care as well. The Department is willing to work with provider and consumer representatives in developing this added component to the pre-admission assessment service.

Question: The second item in Community Services, page 29; Does this initiative include efforts to get more older people back in the workforce? As discussed earlier, a big issue nationwide is who can feed residents of nursing homes; there are so many restrictions. One solution would be to make more use of trained volunteers, which would relieve staff, provide a wonderful volunteer opportunity and socialization for residents.

Response: Yes, this does include efforts to get more older people back in the workforce by enrolling older persons in Senior Community Service Employment Program and working with the Career Centers to make them aware of the value of older workers. We will share the idea of using volunteers at mealtime with nursing facilities. However, as discussed earlier, there may be limitations on the use of volunteers for this purpose.

Question: The fifth activity under Community Resource Development, page 30; what special needs do you have in mind for developing additional residential care beds?

Response: The activity was revised to indicate that the special needs populations include, but are not limited to, persons with Alzheimer's Disease, brain injury and public wards with serious/prolonged mental illness.

Question: The sixth activity under Community Resource Development, page 30; is there a specific goal or target regarding the conversion of excess nursing beds?

Response: A target of 50-beds/1,000 persons age 75 or older is used to determine need for nursing facility beds for purposes of Certificate of Need. However, the ability to convert excess nursing beds to other levels of care is also dependent upon the availability of other resources in the area as well as the availability of Medicaid funds to support the conversion.

Question: The first activity under Administrative Services, page 31; is the Joint Advisory Committee on Select Services for Older Persons (JAC) a new group?

Response: The JAC is an outcome of the 1984 task force recommendation regarding the mental health needs of older people; task force was convened by BEAS and Mental Health Services of Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS).

Comment: On page 12, the chart on living arrangements; because of the higher incidence of deaths of homeless people, the chart should include information about homeless shelters.

Response: This chart was created based on the Special Tabulation on Aging, 1990 Census, which did not include data on homeless older people. We will attempt to find information on the number of homeless persons who are elderly and discuss with the area agencies on aging what might be done for this population.

Comment: The revised home page looks very good and is easy to use.

Comment: Maine Health, based in Portland, agreed with the Bureau's initiatives on depression, healthy lifestyles, better use of technology such as telemedicine and efforts to support family caregivers. Maine Health would like to work with the Bureau in these areas.

Comment: Southern Maine Agency on Aging (SMAA) "commended the Bureau for the breadth and scope of initiatives addressed in the Plan", and said they were consistent with area agency on aging goals and initiatives. They suggested that BEAS develop demographic handbooks profiling Maine's elder population as was done following the 1990 census.

However, SMAA expressed concerns about the following; the potentially adverse impacts of proposals to develop acuity based systems for authorizing home care service plans; not allowing consumers to access Medicaid and other home based care programs when Medicaid cannot meet all the clients' needs, especially in light of the Olmstead decision which attempts to increase rather than restrict access to care.

Response: The application of acuity-based criteria to the authorization of home care services is a logical extension of the use of case mix to pay for nursing home care, residential care (planned for July, 2001), and the implementation of a prospective payment system for Medicare home health. It meets two important goals: allocating a finite resource fairly among the thousands of consumers who participate in the program, and informing consumers and families upfront about what level of support they can expect to receive from the state-funded home care program. Using SFY 2000 data, it appears that from 7 – 11% of current consumers have care plans that fall within the proposed levels, indicating that the acuity based system will largely reflect current practice in how care plans are authorized.

Standard Assurances for 2000-2004 State Plan

Federal law requires that the Bureau of Elder and Adult Services (BEAS) meet certain minimal conditions in order to receive Federal funds. One condition is to assure in our State Plan that certain requirements will be met. In compliance with these requirements, and in good faith, the Bureau of Elder and Adult Services assures that it will comply with the following conditions of the Older Americans Act of 1965. Maine meets each of the requirements of 45 CFR Parts 1321.5 through 1321.75.

Section 305--Title III

Sec. 305(a)(1) The Department of Human Services, Bureau of Elder and Adult Services, is the sole agency responsible for the administration of the State Plan on Aging. BEAS is primarily responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of the Older Americans Act. BEAS divides the State into distinct planning and service areas in accordance with guidelines issued by the Commissioner.

Sec. 305(a)(2)(A) The BEAS designates an area agency on aging for each planning and service area.

Sec. 305(a)(2)(B) BEAS will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers.

Sec. 305(a)(2)(C,D) The BEAS will, in accordance with guidelines issued by the Commissioner, develop, publish, and submit to the Commissioner for review and comment a formula for the distribution of Title III funds within the State. The BEAS will review and update its formula as often as a new State Plan is submitted for approval or when final regulations from the Administration on Aging are received.

Sec. 305(a)(2)(E) BEAS will give preference to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals. The BEAS includes proposed methods of carrying out the preference in the State plan and requires the inclusion of proposed methods of carrying out the preference in the area plans.

Sec. 305(a)(2)(F) BEAS requires use of outreach efforts described in Section 307(a)(24).

Sec. 305(a)(2)(G) BEAS sets specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals. BEAS undertakes specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and provides a description of these efforts.

Sec. 305(b) BEAS has designated five planning and service areas in Maine, each of which is served by an established area agency on aging. BEAS will follow appropriate procedures to provide due process to affected parties if any change in such designation is considered. Each

area agency on aging developed an area plan and has the ability to carry out, directly or through contractual or other arrangements, a program in accordance with the area plan.

Section 306

Area Agencies on Aging will comply with each requirement of Section 306 of the Act.

Section 307

Sec. 307(a)(1) The State Plan is based upon area plans developed by area agencies on aging (AAA's) within the State under section 305(a)(2)(A). The State prepared and distributed a uniform format for use by AAA's in developing area plans under section 306.

Sec. 307(a)(2) Each area agency on aging will develop and submit to BEAS for approval an area plan which complies with the provisions of section 306.

Sec. 307(a)(3)(A) BEAS will evaluate the need for supportive services (including legal assistance and transportation services), nutrition services, and multipurpose senior centers within the State and determine the extent to which existing public or private programs meet such need. To conduct the evaluation, BEAS uses the procedures implemented under section 202(a)(29).

Sec. 307(a)(3)(B) BEAS will spend in each fiscal year, for services to older individuals residing in rural areas in the State assisted under this title, an amount equal to not less than 105 percent of the amount expended for such services (including amounts expended under Title V and Title VII) in fiscal year 1978.

Sec. 307(a)(4) The plan provides for the use of such methods of administration as are necessary for the proper and efficient administration of the plan, and, where necessary, provide for the reorganization and reassignment of functions to assure such efficient administration.

Sec. 307(a)(5) BEAS affords an opportunity for a hearing upon request to any AAA submitting a plan under this title, to any provider of a service under such a plan, or to any applicant to provide a service under such a plan. BEAS established and published procedures for requesting and conducting such hearings.

Sec. 307(a)(6) BEAS will complete reports as required by the Commissioner.

Sec. 307(a)(7)(A) The plan provides satisfactory assurance that such fiscal control and fund accounting procedures are adopted as necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

Sec. 307(a)(7)(B) BEAS assures--that no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an AAA, is subject to a conflict of interest prohibited under this Act; that no officer, employee, or other representative of the State agency or AAA is subject to a conflict of interest prohibited under this Act; and that mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Sec. 307(a)(7)(C) BEAS and each AAA will maintain the integrity and public purpose of services provided, and service providers, under the State plan in all contractual and commercial relationships. BEAS and each AAA will disclose to the Commissioner the identity of each nongovernmental entity with which they have a contract or commercial relationship relating to providing any service to older individuals as well as the nature of such contract or such relationship. BEAS and each AAA will demonstrate that such contract or such relationship will enhance, and not detract from, services provided under the State plan. All sources and expenditures of funds the BEAS or AAA's receive or expend to provide services to older individuals will be disclosed on the request of the Commissioner.

Sec. 307(a)(8) BEAS conducts periodic evaluations of, and public hearings on, activities and projects carried out under the State plan. BEAS solicits the views and experiences of entities that are knowledgeable about the needs and concerns of low-income minority older individuals.

Sec. 307(a)(9) The State plan provides for maintaining information and assistance services in sufficient numbers to assure that all older individuals in the State who are not furnished adequate information and assistance services under section 306(a)(4) will have reasonably convenient access to such services.

Sec. 307(a)(10) The AAA's and BEAS will not directly provide supportive services, nutrition services, or in-home services. If these direct services cannot be provided in sufficient quantity or can be done more economically by the AAA, the AAA must request a waiver from BEAS to provide such direct services.

Sec. 307(a)(11) Subject to the requirements of merit employment systems, preference is given to older individuals and to individuals with formal training or equivalent professional experience in the field of aging for any staff position in BEAS and the AAA's.

Sec. 307(a)(12) BEAS will carry out a State Long-Term Care Ombudsman program in accordance with section 712 and this title.

Sec. 307(a)(13)(A-I) BEAS assures that nutrition services will be available to older individuals, their spouses, and handicapped or disabled individuals under 60 residing in housing facilities at which congregate nutrition services are provided. Primary consideration will be given to provision of meals in a congregate setting; home-delivered meals will be provided as needed and in accordance with all requirements. Voluntary contributions for meals will be solicited and used to increase the number of meals served by the project involved. Meals will be provided in a congregate setting which is in as close proximity to the majority of eligible individuals' residences as feasible. Each project will establish outreach activities. Meals will be administered with the advice of dietitians and persons knowledgeable of the needs of older individuals. Projects will provide special menus, where feasible, to allow for differing health needs, religious requirements, or ethnic backgrounds.

Sec. 307(a)(13)(J-M) Nutrition education will be provided on at least a semiannual basis to participants. Each nutrition project will comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual. BEAS will monitor, coordinate, and assist in the planning of nutritional services as required. BEAS will develop nonfinancial criteria for eligibility to receive nutrition services under section 336 and will periodically evaluate recipients of such services to determine whether they continue to meet such criteria.

Sec. 307(a)(14) BEAS assures that it will comply with all requirements with respect to the acquisition, alteration, or renovation of existing multipurpose senior centers. BEAS assures that it will comply with all requirements regarding the purchase or construction of new facilities to be used as a multipurpose senior center.

Sec. 307(a)(15) BEAS will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State. BEAS assures that it will meet all requirements with respect to legal assistance.

Sec. 307(a)(16) BEAS assures that any AAA providing services for the prevention of abuse of older individuals will do so consistent with relevant State law and in coordination with existing State adult protective service activities. BEAS will not permit involuntary or coerced participation. All information will remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

Sec. 307(a)(17) BEAS will provide inservice training opportunities for personnel of agencies and programs funded under this Act.

Sec. 307(a)(18) BEAS will assign personnel to provide State leadership in developing legal assistance programs for older individuals throughout the State.

Sec. 307(a)(19) AAA's may enter into grants or contracts with providers of education and training services.

Sec. 307(a)(20) If a substantial number of the older individuals residing in any planning and service area are of limited English-speaking ability, BEAS will require the AAA for each such area to utilize outreach workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability. In addition, the AAA will designate an employee to assist said older individuals as well as their service providers.

Sec. 307(a)(21) In regards to the Long-Term Care Ombudsman program, BEAS will not expend less than the total amount expended by the agency in fiscal year 1991.

Sec. 307(a)(22) BEAS shall specify a minimum percentage of the funds received by each AAA for part B that will be expended, in the absence of the waiver granted under section 306(b)(1), by such AAA to provide each of the categories of services specified in section 306(a)(2).

Sec. 307(a)(23) BEAS assures that the plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared, identify the number of low-income minority older individuals in the State and describe the methods used to satisfy the service needs of such minority older individuals.

Sec. 307(a)(24) BEAS will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on older individuals who--reside in rural areas; have greatest economic need; have greatest social need; have severe disabilities; have limited English-speaking ability; and who have Alzheimer's disease or related disorders. Older individuals and their caretakers who are in a special emphasis area will be made aware of the availability of assistance.

Sec. 307(a)(25) BEAS will coordinate planning, identification, assessment of needs, and service for older individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities.

Sec. 307(a)(26) BEAS assures that AAA's will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(6)(I) for older individuals who are at risk of institutionalization or who are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Sec. 307(a)(27) BEAS will consult and coordinate the planning and provision of in-home services under section 341 with State and local agencies and private nonprofit organizations which administer and provide services relating to health, social services, rehabilitation, and mental health services.

Sec. 307(a)(28) Any funds received under section 303(e) will be expended to carry out part E.

Sec. 307(a)(29) The methods used to satisfy the service needs of older individuals who reside in rural areas will be described with respect to the fiscal year preceding the fiscal year of this plan.

Sec. 307(a)(30) The plan shall include the assurances and description required by section 705(a).

Sec. 307(a)(31)(A) If 50% or more of the area plans in the State provide for an area volunteer services coordinator as described in section 306(a)(12), the State shall provide for a State volunteer services coordinator who shall--

- (i) encourage AAAs to provide for area volunteer services coordinators;
- (ii) coordinate the volunteer services offered between the AAAs;
- (iii) encourage, organize, and promote the use of older individuals as volunteers to the State;
- (iv) provide technical assistance, which may include training, to area volunteer services coordinators; and,
- (v) promote recognition of the contributions made by volunteers to the programs administered under the State plan.

Sec. 307(a)(31)(B) If fewer than 50% of the area plans in the State provide for an area volunteer services coordinator, the State plan may provide for the State volunteer services coordinator described in (A) above.

Sec. 307(a)(32) BEAS assures that special efforts will be made to provide technical assistance to minority providers of services.

Sec. 307(a)(33) The plan--(A) shall include the statement and demonstration required by paragraphs (2) and (4) of section 305(d); and (B) may not be approved unless the Commissioner approves such statement and such demonstration.

Sec. 307(a)(34) BEAS will coordinate programs under this title and title VI, if applicable.

Sec. 307(a)(35) BEAS assures that it will pursue activities to increase access for older Native Americans to all aging programs and benefits provided by the agency, including those under Title 3, if applicable, and will specify in this plan how it will implement these activities.

Sec. 307(a)(36) If case management services are offered to provide access to supportive services, BEAS shall ensure compliance with the requirements specified in section 306(a)(20).

Sec. 307(a)(37) The plan shall identify for each fiscal year the actual and projected additional costs of providing services under this title, including the cost of providing access to such services in rural areas, according to a standard definition of rural areas as specified by the Commissioner.

Sec. 307(a)(38) BEAS assures that no Title 3 funds will be used to pay any part of a cost (including administrative) incurred by the State or a AAA to carry out a contract or commercial relationship that is not carried out to implement this title.

Sec. 307(a)(39) BEAS assures that no preference in receiving services will be given by AAAs to particular older individuals as a result of a contract or commercial relationship that does not implement this title.

Sec. 307(a)(40) BEAS assures that any funds appropriated under section 303(g) will be used by BEAS and the AAAs to carry out part g.

Sec. 307(a)(41) Demonstrable efforts will be made to--(A) coordinate services provided under this act with other State services for older people; and (B) provide multigenerational activities, such as opportunities to serve as mentors or advisors in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment and family support programs.

Sec. 307(a)(42) BEAS will coordinate public services to assist older people to get transportation associated with access to Title III services, to Title VI services, to comprehensive counseling and to legal assistance.

Sec. 307(a)(43) BEAS shall issue guidelines applicable to grievance procedures required by section 306(a)(6)(P), which requires that AAAs establish procedures for older people who are dissatisfied with or denied services under Title III.

Sec. 307(a)(44) BEAS assures that is has in effect a mechanism to provide quality in the provision of in-home services under this title.

Section 705--Title VII

Sec. 705(a)(1) BEAS assures establishment of programs in accordance with the Act.

Sec. 705(a)(2) BEAS will obtain the views of older people, AAAs, Title VI grantees, and other interested persons and entities through public hearings and other means.

Sec. 705(a)(3) BEAS will identify and prioritize statewide activities ensuring older people have access to, and assistance in securing and maintaining, benefits and rights.

Sec. 705(a)(4) BEAS assures these funds will not supplant any funds expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out the vulnerable elder rights protection activities described in the chapter.

Sec. 705(a)(5) BEAS assures that no restrictions, other than the requirements referred to in section 712(a)(5)(C), on the eligibility for designation as local Ombudsman entities under section 712(a)(5).

Sec. 705(a)(6)(A) BEAS assures that, with respect to programs for the prevention of Elder abuse, neglect, and exploitation under chapter 3 of this title, consistent with State law, will be coordinated with existing APS activities for:

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals through outreach, conferences, and referral of individuals to other agencies or sources of assistance; and
- (iv) referral of complaints to law enforcement or public protective services.

Sec. 705(a)(6)(B,C) BEAS will not permit involuntary or coerced participation. All information is confidential except:

- (i) if all parties consent in writing to the release of information;
- (ii) if the information is released to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program or protection or advocacy system; or
- (iii) upon court order.

Sec. 705(a)(7)(A) BEAS will make outreach, counseling, and assistance funds available to AAAs, giving priority to AAAs based on the number of older individuals with greatest economic and social needs and on the inadequacy of such activities in such areas.

Sec. 705(a)(7)(B) BEAS will require AAAs, as a condition for receiving funds to carry out chapter 5, to submit an application that--

- (i) describes the activities for which funds are sought;
- (ii) provides for an evaluation by the AAAs of such activities; and
- (iii) includes assurances that the AAA will submit to BEAS a report of the activities conducted and also an evaluation of them.

Sec. 705(a)(7)(C,D) BEAS assures that it will distribute to the AAAs the eligibility information received from the Administration under section 202(a)(20) and information, in written form, explaining the requirements for eligibility to receive Medicaid. BEAS will submit to the Commissioner a report on the evaluations required under subparagraph (B) above.

Sec. 705(a)(8) BEAS will submit to the Commissioner a description of how BEAS will carry out this title in accordance with paragraphs (1) through (7) above.

Sec. 705(b) Neither the State nor a State agency may require any provider of legal assistance under this subtitle to reveal any information that is protected by the attorney-client privilege. (42USC3058d)

Bureau of Elder and Adult Services
Department of Human Services - Central Office/Augusta

